

South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Sulte 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide Application for Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing 722 Main Street, Suite 3 Spearfish, SD 57783

Name of Institution: Address: 1020 10 % Street Spearful, Smith NolCarto 57783 Phone Number: 605-642-27/6 Fax Number: 605-722-1492 E-mail Address of Faculty: 1ee ann. be 1/0. Luctean 1earn 1		
Select option(s) for Re-Approval: Request re-approval without changes to program coordinator, primary instructor, supplemental personnel or curriculum 1. List personnel and licensure information 2. Complete evaluation of the curriculum Request re-approval with faculty changes and/or curriculum changes 1. List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel 2. Complete evaluation of the curriculum		David Dorsett Healthcare Community & Street Speanful, South Dollardo 57783
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1. <u>List Personnel and Licensure Information:</u>

Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

Expiration	Verification
Date	(Completed by SDBON)
749 9/1/2014	can
	749 9/1/2014 Ime. or work history

<u>Primary Instructor</u> must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

	RN OR LPN LICENSE						
Name of Primary Instructor	State	Number	Expiration Date	Verification (Completed by SDBON)			
Lee Ann Bell	Sib	5 0.200 R02376A	9/1/2014	Onto			

If requesting new Primary Instructor, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

<u>Supplemental Personnel</u> may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) *If requesting new Supplemental Personnel*, attach curriculum vita, resume, or work history.



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	LICENSURE/REGISTRATION							
Supplemental Personnel & Credentials	State	Number	Expiration Date	Verification (Completed by SDBON)				
Kathryn Meade	S. D.	8027307	4/16/2015	Shirth				
Kathleah Elizabeth Deschamp	5.10.	50-RIVR027893	09/03/2014	8912				

2. Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

5	tandard	Yes	No
0	Program was no less than 75 hours.	1	
•			
•	Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor.	V	***************************************
	Provided instruction on each content area (see ARSD 44:04:18:15):		
	Basic nursing skills		
	Personal care skills	1/	
	Mental health and social services		
	Care of cognitively impaired clients	1/	
	Basic restorative nursing services	1/	
	Residents' rights	w	
۰	Students did not perform any patient services until after the primary instructor found the student to be competent	V	
0	Students only provided patient services under the supervision of a licensed nurse	V	
•	Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association).		ement and an area

3.	<u>s</u>	ubmit Doc	ımentəti	on to 5	Support	Reque	sbed (Curricu	lum Ch	tanges:	í				
Nam	e of	Course (If ap	plicable);	1XX		-M	e C	ance	00)	like	8	A	HC	A	
Instr	uctio	of teaching in, and online in the contract of	: instruction	on.											y, video on date, etc).
	Beha Cuml	resid	ed objectives and of 16 hou nunleation of 16 hou nunleation ents' inde	ves with agenda irs of ins n and in pendender	measur docume struction terperso ce, respe	able per enting the prior be onal skill ecting re	rformai he requ o stude ls, infer esident	nce crite ilremen ent havi ction co s' right	eria for ts for thing direct ntrol, si	each un ne minim ct patien afety/em	it of cu num 75 t conta nergeno	hou ct; th cy pro	r cours ne 16 h ocedur	nours mu res, prom	ist include: noting
(口	A minimum care; the in:	of 16 hou	irs of su	pervised	practic	al Instr	uction	with end	ough ins	tructor	s to e	ensure	safe and	d effective
Į.		Instruction Basic need to a s	n each of nursing s s; recogni supervisor	the following the second the seco	owing co cluding o normal c aring for cluding:	ontent a docume changes dying o bathing	reas (s ntation in bod tlents; g; groo	ee ARS) Includ y functi	D 44:04 ling: vita loning a	4:18:15 al signs; and the in	for mod helght mporta care; c	and nce o	weigh of repo Ing; to	orting suc	environment ch changes assisting with



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Physical Facility Requirements: Ensure that classrooms, conference rooms, laboratories, and equipment are clean and safe and accommodate the number of students enrolled. (ARSD 44:04:18:14)

Co: Nan	irse ne of	Requi Course	rements e (if appli	ا cable): <u>لا</u>	le Care	Onle	ne Dursis	- Assista	ent a	AUCA
A va	arlety	of team	ching me	thods may lastruction.	be utilized in	achleving	the classroom ins	truction such as	indeper	ndent study, video , publication date, etc).
									uolisner,	publication date, etc).
	pena	iviorair	v stated (objectives w	<i>i</i> lth measurah	le nerforn	ARSD 44:04:18:1	arch smit of ere	rkculum	
	Curr	culum,	, objective	🖒 and ager	10a documeni	una the re	Quiréments for th	e minimum 75 l	HOUR COLL	rse as follows:
	u		Commu	nication and	mstruction p	rior co stu al skills, in	dent having direction control. sa	t patient contac	t the 16	hours much includes
		A min	Imum of	16 hours of	supervised p	ractical In-	struction with end	with Instructors	ho ensur	e safe and effective
		COIL C.	OIC HIBUI	ictor ratio ii	lay not excee	a eiant sti	udents for one inc	Structor		
		Instru	Rasic nu	ach of the I	following cont	tent areas	(see ARSD 44:04	:18:15 for more	e detall);	
			needs;	ecognizing	abnormal cha	inges in bo	ody functioning ar	ii Signs; neight a	and welg	ht; client environment orting such changes
		—	to a sup	ervisor: and	i carino for di	vina cilent	S:			
			Personal	i Care skills,	Including; ba	athing; gr	coming, including	mouth care; dr	essing; t	olleting; assisting with
			mental r	ieaith and s	ocial services.	. Including	skin care; and tra responding app	propriately to be	haylore.	awareness of
			nevelobi	nentai tasks	s associated v	vith aging	process: respecti	ng personal cho	ices and	preserving client
			orgency,	and recogni	zina sources (or emotior	ial support:			
			needs ar	ad behavior	inpaired cilen	ts, includii	ng: communication	on and techniqu	ies for ac	ldressing unique
			Basic res	torative nur	rsing services	, Including	: self-care; use o	f assistive device	es in trai	nsferring; ambulation,
			eauny, a	ino oressing	i; range or mo	otion: turn	ilna and positionir	ng in hed and ch	nair; bow	rel and bladder care
			Resident	ing; and ca s' rìohts. Inc	re and use of Huding: priva	or and ror	and orthotic dev	/ICES; tetermination: r	onation	Arlayanga and
			disputes;	, participatir	10 in groups a	and activit	les: security of ne	rsonal possessi	one nor	noting an
			environm	ient free fro	m abuse, mis	streatmen	t, and neglect and	requirement to	report;	avoiding restraints,
Super	VISIO	n of S	itudents	: Pursuant	to ARSD 44:0	04:18:13,	students in a nurs	se alde training	program	may not perform any
may pe	erforr	n servi	ces only	under the s	and round (c	a licensed	nurse (RN and/o	ry instructor, St	udents Ir	may not perform any na training program
					.0					1)
Progra	am C	oordi	nator Si	gnature:	nert	lark	eel, in	Dat	te:	1/2/2014
This s	ectio	n to b	e compl	eted by th	e South Dal	kota Boa	rd of Nursing			***************************************
			Received	: 4131	14		Date Application	Denled:		
Date /				417114	The state of the s		Reason for Den			
Board	Ren	Date o resenta	f Approve			2016	<u> </u>			
			to Institu	tion:	4110	Lat			- wasterman	
**************************************					-117	114				